

The City of Canal Winchester

36 S. High Street, Canal Winchester, Ohio 43110 614-837-7501

Permit #	
Issue Date	
Amount Paid	

FOR INSPECTIONS CALL 614-525-3160

Date			

APPLICATION FOR INSPECTION OF RESIDENTIAL PLUMBING

The undersigned hereby applies for a permit to do plumbing and an inspection of same at the following location and in accordance with Chapter 4101:2-51 of the Ohio Administrative Code, and all regulations of Franklin County Public Health.

TO BE FILLED IN BY APPLICANT

		TO BE FILLED IN BY APPLICA	AN I	
Address			New _	Remodel
Owner's Name and Ad	dress			
			Phone	#
Does the sewer discha		ual sewage system or sanitary sewer?		
		or cistern is the sewage tank?		
		P ABS PVC Plastic (
	Qty.		Qty.	Qty
Air Admittance Valve		Garbage Disposal		Showers
*Backflow Prevent		Hot Water Heater		Sterilizers
Bath Tubs		Interceptor		Sump Pump
Bed Pan Washers		Kitchen Sink		Trap Primer
Bidet		Laundry Trays		Urinal
Chemical Sinks		Lavatories		Wash Fountain
Dental Cuspidors		Mop Sinks		Washing Machine
Dilution Sump		Outside Faucets		Water Closets
Dish Washers		Roof Drains		Water Lines
Drinking Fountain		Rough-in Openings for Future		Water Storage Tank
Floor Drains		Sewage Ejectors		Other
Garage Catach Basin		_		GRAND TOTAL
Master Blumber er b		VATER REPLACEMENT FEE \$60.00 pl		
		City		Zip
Address Phone #				Σιρ
*Indicate Name of C		-	"	
malcate Name of C	CHINCA DACKION	. 103001		
This application must b		Instructions ut and returned to the Canal Wincheste	r Building Dept.	accompanied by fee
Application for permit & first fixture				\$60
Number of remaining fixtures X \$15.00				\$
	10% Administrati	ve Fee (Includes State fee)		\$
	Total Inspection f	ee		\$
		nodular home plumbing inspection and permer (based upon disapproval Inspections and c		\$60
	•	ty Public Health ONLY)		\$60